

Medication	Daily Dose Starting/Usual	Titration	Max Daily Dose	Common Side Effects	Comments	Relative cost [§]
Base choice of medication on allergies, prior positive personal or family response, side effects, and patient preference. Use caution with bi-polar patients.						
Bupropion, fluoxetine, paroxetine, duloxetine and sertraline should be avoided in patients on tamoxifen therapy for breast cancer. Preferred alternatives include citalopram and venlafaxine.						
SSRIs (use with caution if there are panic issues)						
fluoxetine (Prozac) ^G Preferred KP agent	10 mg / 20-40 mg	10 mg q 1-2 weeks	80 mg	Insomnia, Agitation, GI Distress, Sexual Dysfunction, & Sedation	Avoid in breast feeding unless prior positive response. Watch for Serotonin Syndrome if used in conjunction with triptans for chronic pain.	1
citalopram (Celexa) ^G Preferred KP agent	10 mg / 20-40 mg	10 mg q 1-2 weeks	60 mg		Avoid in breast feeding unless prior positive response. Fewer Cytochrome P450 interactions. Watch for Serotonin Syndrome if used in conjunction with triptans for chronic pain.	1
sertaline (Zoloft) ^G Preferred KP agent	50 mg (25 mg starts for elderly) / 50-150 mg	50 mg q 1-2 weeks	250 mg		Watch for Serotonin Syndrome if used in conjunction with triptans for chronic pain. Preferred in pregnancy.	2
paroxetine (Paxil) ^G	10 mg / 20-40 mg 10 mg*	10 mg q 1-2 weeks	80 mg		AVOID IN PREGNANCY & WOMEN OF REPRODUCTIVE AGE per guideline for SSRI use in reproductive age women and pregnancy. Watch for Serotonin Syndrome if used in conjunction with triptans for chronic pain.	7
SNRIs						
venlafaxine (Effexor) ^G	25mg / 75-225 mg	25 mg bid q 1-2 weeks	300 mg	Insomnia, Agitation, GI Distress (constipation and nausea), Sexual Dysfunction, Sweating	May cause elevated blood pressure.	12 (75 mg BID)
venlafaxine SR (generic sustained release)	37.5 mg / 75-225 mg	75 mg q 1-2 weeks	300 mg			77 (for 150 mg QD)
duloxetine (Cymbalta)	20mg / 60mg	20mg q 1-2 weeks	120mg		Non-Formulary. May elevate BP.	118 (for 60 mg once daily)
TCAs						
nortriptyline ^G	10 mg / 50-100 mg	10-20 mg q 1-2 weeks	150 mg	Dry Mouth, Constipation, Urinary Retention, Drowsiness (drowsiness may be more common in patients ≥ 65 yrs)		2 (for 75 mg HS)
desipramine ^G	25 mg / 100-200 mg	25-50 mg q 1-2 weeks	300 mg		Can cause cardiac arrhythmia & ortostatic hypotension & may lower seizure threshold.	16 (for 150 mg HS)
OTHERS						
bupropion (Wellbutrin) ^G	75 mg qAM / 150 mg bid	50-75 mg q 1-2 weeks	450 mg	Less Sexual Side Effects, May Increase Agitation, May Help with Smoking Cessation.	CAUTION in ETOH withdrawal and binge/purging patients. Contraindicated in patients with a history of seizures.	9 (for 100 mg TID)
bupropion SR (Wellbutrin SR) ^G	150 mg qAM / 150 mg bid	50 mg bid q 1-2 weeks	450 mg			21 (for 2 x 150 mg)
bupropion XL (Wellbutrin XL) ^G	150 mg / 150-300 mg	50 mg q 1-2 weeks	450 mg			23 (for 300 mg once daily)
mirtazapine (Remeron) ^G	15 mg / 30-45 mg	15 mg q 1-2 weeks	75 mg	Sedation	Stimulates appetite, causes weight gain.	3 (for 30 mg once daily)
Guidelines for Switching Antidepressants					^G = Generic available. [§] = Cost relative to fluoxetine = 1 [*] = Lower starting dose recommended in patients ≥ 65 yrs or with renal or hepatic compromise. NOTE: FDA directive on the risk of suicide in patients taking antidepressants; screen and closely monitor for risks; advise patients. http://www.fda.gov/Drugs/DrugSafety/InformationbyDrugClasses/UCM096273	
Abrupt discontinuation of short acting antidepressants can lead to an uncomfortable antidepressant withdrawal syndrome. The following is a rough guide to switching antidepressants:						
► Switching from SSRI to SSRI: One can usually switch from one SSRI to another without much difficulty.					► Switching from TCA to SSRI: SSRIs can significantly increase the blood levels of TCAs. Therefore, one should taper a TCA over 1-2 weeks by increments of 25-50 mg q 2-3 days. An SSRI can be started when the dose of a TCA has been significantly reduced or after the TCA is tapered off completely.	
► Switching from SSRI or SNRI to TCA: <ul style="list-style-type: none">Fluoxetine may be abruptly discontinued. TCAs should be increased slowly as the remaining fluoxetine may increase TCA levels.Other SSRIs or SNRIs should be tapered over 1-2 weeks in small increments. A TCA may be started and increased slowly as the SSRI or SNRI is discontinued.						